# 5471 Lee Street, Unit 103 Lehigh Acres, FL 33971

(239) 674-­‐7100

contactus@providenceSWFL.com [www.providenceSWFL.com](http://www.providenceSWFL.com/)

**Membership Application Form**

# Name: Birth Date: Address:

Phone: Children: (*include birth dates*)

# Email:

When did you begin attending Providence Church? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been baptized? Yes No

Have you (your spouse and/or family, if applicable) attended the Membership Matters classes?

YES NO SOME

Have you received a membership packet?

YES NO

Have you written out your testimony of conversion and story of God’s saving grace?

YES NO

Have you read and are willing to commit yourself to the covenant of Providence Church?

YES NO

Do you agree, support, and willing to submit to our commitment and practice of church discipline?

YES NO

Do you plan on participating regularly in one of our small groups (LIFE Groups)?

YES NO

Have you read the constitution and by-law’s of Providence Church?

YES NO

Have you read the church’s doctrinal statements?

*Abstract of Principles*

YES NO SOME Do you agree with it? YES NO

# When would be good time for you to schedule a membership interview with an elder? (Morning, Afternoon, Evenings, Certain day of the week?)

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# Pleas sign: Today’s Date:

*Upon the recommendation of the elders, the congregation will vote upon your request of the membership with Providence Church during our next members meeting.*